Dragon’s Den!

- Getting buy-in for your innovations & change ideas

Presented by: Dr Clare Liddy, Dr Ed Seale, Dr Douglas Archibald, Dr Eric Wooltorton Jan 11 2020
Introductions & Faculty/Presenter Disclosure

- Dr Eric Wooltorton* Dr Clare Liddy** Dr Ed Seale* Dr Douglas Archibald*
- No relationships with commercial or financial interests
- *Receive funding and logistic support indirectly or directly from Department of Family Medicine as Directors or Chair** of DFM the Department of Family Medicine uOttawa
- No potential for conflict(s) of interest are identified
- Any resemblance to Dragons past or present is purely a co-incidence
Objectives

1. Describe an innovation cycle and outcomes-based change management proposals.
2. Anticipate who needs to be consulted to get ‘buy in’, and help your project move ahead.
3. Write a simple ‘elevator pitch’ and frame your work and ideas in the context of the existing literature.
4. Describe the difference between ideas that will be funded (and not).
Perspective of the Faculty Development Director (Dr Wooltorton)

- **Objective 1:** Describe an innovation cycle and outcomes-based change management proposals

http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementTestanges.aspx
What do we mean by “Innovation”?  

- Innovation: “Any idea, practice, or object that is perceived as new by an individual or other unit of adoption”

Diffusion of Innovation Theory: Where things go wrong (5 key elements, 5 steps of adoption)

* = Time

* = Adopters

* = social system, organization

* = Innovation itself

Source: Rogers (2003)
Adoption curve

http://designsojourn.com/design-manifesto-2012/
Needs Assessment

• **Perceived needs (potential attendees)**
  – Surveys
  – Interviews
  – Focus groups
  – Test results
  – Practice review or reflection
  – Others

• **Un-Perceived needs (often secondary sources)**
  – Observations of

  performance,
  – pt feedback
  – literature review
  – CPGs, Professional organization standards,
    Trends in public health,
    Redbook
  – Models (eg CBME models, CanMEDS-FM)
  – M&M rounds, records reviews
  – Others
What level are your learning outcomes?

- **Base level**: “I came. I saw. I delivered a session”
- **Aka**: “I survived” → Aim for base level and you will achieve it

**Level 4: Results** (the BIG picture)
- Culture change
- Healthier patients
- Health system change

**Level 3: Behaviour change**
- Learners apply, adopt, adapt what you teach

**Level 2: Learning**
- Incr knowledge, skills, attitude change
- Incr confidence
- Incr. commitment

**Level 1: Reaction**:
- Session engagement
- Learner satisfaction
- Perceive the session as relevant
Innovation Planning Cycle (PDSA)

Define the gap? (Needs assessment)
How will you close the gap?

Plan (Define, Design)

Deliver the innovation (eg New curriculum)

Do (Deliver)

Study (Collect, Assess)

What outcome do you seek to achieve? Collect evidence of the outcome

Field Notes
Self Assessment (confidence survey)
360
Structured Progress Review
ITERs
End of rotation eval
Survey
OSCEs
SOOs
others...

Act (Revise, Evolve, Repeat)

A WISE DOCTOR ONCE WROTE:
Objective 2: Anticipate who needs to be consulted to get ‘buy in’, and help your project move ahead

Examples to discuss:
- Physician Access project
- Feedback on pt experience seeing locum not staff physician
Who else to involve?

Learners? (not about me, without me)
Administrators?
Other faculty?
Leaders/chair (eg re funding)? UG director
Librarian? (uOttawa, CMA librarian)

Methods/Stats help?
REB?
Others?

NOTE: Based on feedback you may need to change your question / intervention
You must involve others for grant applications (eg PRIME grant)?

“All projects require approval at the “Letter of intent” stage by the appropriate Unit Medical Director(s) and Academic Program Director(s) (Undergraduate, Postgraduate, Faculty Development). Refer to the Faculty Directory at www.med.uottawa.ca/family/faculty/directors for contact information.

Ensure adequate time to involve others and get signatures:

- Medical Unit Directors, PG, UG program, Curriculum, Faculty Development Directors

Identify Academic Program Director(s) and/or Unit Medical Director(s) from whom approval has been received”

https://med.uottawa.ca/family/research/funding
Breakout #1

NOW: At your tables, follow the template in the handout (25 minutes)

1) Propose an innovation or change in your context, and work through the handout (10 minutes) (STEPS 1-3)

2) Or use one of the 3 cases, to plan an innovation (Physician Access, CaRMS match issue, Women’s Health Curriculum)

3) Discuss this as a table, and get or work through one example as a table (15 minutes)
Perspective of the Director of Research (Dr Archibald)

Objective 2: Write a simple ‘elevator pitch’ (eg PICO statement) and frame your work and ideas in the context of the existing literature
Points to consider...

What is your topic of interest?
What is the problem you are addressing?
Why is this problem interesting and important?
How does your innovation connect with a broader disciplinary conversation?
Transforming your problem into a question

Residents are resistant to feedback following simulation

How do residents perceive feedback during simulation?
Clinical Questions

P = Patient, Problem, Population
I = Intervention
C = Compare
0 = Outcome
All good questions

FINER criteria:

F  **Feasible**: adequate number of subjects, adequate technical expertise, affordable in time and money, manageable in scope

I  **Interesting**: getting the answer intrigues investigator, peers and community

N  **Novel**: confirms, refutes or extends previous findings

E  **Ethical**: amenable to a study that institutional research ethics board will approve

R  **Relevant**: to scientific knowledge, to clinical and health policy, to future research
TIP....

Start with the overall aim of your innovation/study and then the specific question
Breakout #2  Write your elevator pitch (15 minutes) and consider sharing

Perspective of the Interim-Chair: Dr Liddy

Objective 4: Describe the difference between ideas that will be funded (and not)

Additional perspectives to consider (Step 5 of handout)
Imperfect elevator pitch

“Is CPR painful?”
Consider applying for a PRIME grant!
Deadline January 31 2020

Do you need help applying for funding? Contact our Research Team for assistance.

Program for Research and Innovation in Primary Care and Medical Education (PRIME) Grant

The PRIME grant supports Department of Family Medicine faculty members to undertake a scholarly or research project with access to an experienced research team, including guidance from a research advisor and mentoring from an experienced primary care investigator or medical educator.

The PRIME grant provides up to $20,000 per project in support of research in primary care or medical education innovation.


Questions? Watch the video How to Apply for the PRIME Grant, and/or contact the Office of Strategic Initiatives at PRIME@uOttawa.ca
Questions and Discussion, Comments (10 minutes)
References:


6 ways a literature review will help you:

1) **Save time**: your idea may have been done!

2) **Define your gap**: Review what is already known about the problem, define a knowledge gap that exists (in primary care practice or education);

3) **Suggest the methods**: Echo/ follow the study design of others (eg data collection procedures, and analytic methods or data analysis)
6 ways a literature review can help you

4) **Add team members**: You may realize you need other team members (e.g., help with data analysis, biostatisticians, people with research ethics board application experience)

5) **Speculate on limitations of your study** (based on challenges in other studies)

6) **Plan to disseminate your work**: See how others shared knowledge from their work, and communicate with the research community and wider public